

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 786993

IA NUMBER: PCT/ EP99 / 06531

FAMILY NAME: SOOD

GIVEN NAME: RALF A.

PRIORITY CLAIMED (Y/N): Y

NO BASIC FEE (Y/N): N

ATTORNEY DOCKET NUMBER: 100.1003

CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 2127361940  
FAX

RECEIPT DATE: 03 / 09 / 01

IA FILING DATE: 06 / 09 / 99

DELAY WAIVED (Y/N): Y

DEMAND RECEIVED (Y/N): Y

PRIORITY DATE: 09 / 09 / 98

US DESIGNATED ONLY (Y/N): N

COUNTRY:

NAME: DAVIDSON DAVIDSON & KAPPEL

STREET: 14TH FLOOR  
485 SEVENTH AVENUE

CITY: NEW YORK

STATE/COUNTRY: NY ZIP: 10018

EMAIL:

APPLICATION TITLES:

ELECTRONIC CIRCUIT FOR RECORDING OF GEOGRAPHIC POSITION DATA ON THE AUDIO  
CHANNEL OF A CAMCORDER

see 1A

TAB TO LAST POSITION, PUSH SEND



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20590  
www.uspto.gov

Bib Data Sheet

CONFIRMATION NO. 1126

<b>SERIAL NUMBER</b> 09/786,993	<b>FILING DATE</b> 03/09/2001 <b>RULE</b>	<b>CLASS</b> 701	<b>GROUP ART UNIT</b> 3661	<b>ATTORNEY DOCKET NO.</b> 100.1003	
<b>APPLICANTS</b> Ralf A. Sood, Garbsen, GERMANY;  ** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/EP99/06531 06/09/1999  ** FOREIGN APPLICATIONS ***** GERMANY 198 41 262.2 09/09/1998					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 6	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> Davidson Davidson & Kappel 14th Floor 485 Seventh Avenue New York, NY 10018					
<b>TITLE</b> System for processing geographic position data and images and circuit for said system					
<b>FILING FEE RECEIVED</b> 1130	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		